

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 313-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
ENTERED  
JUL 31 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0333
Date:	8-22-17
Amount Paid:	MS 7-31-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Diane &amp; Martin Barnes</u> <u>Linda Mackley &amp; Nancy Lueck</u>	Mailing Address: <u>50465 Sunset Resort Rd</u> City/State/Zip: <u>Barnes, WI 54878</u>	Telephone: <u>715-795-2449</u> Cell Phone: <u>715-292-4409</u>
Address of Property: <u>50475 Sunset Resort Rd</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Plumber: <u>N/A</u> Plumber Phone: <u>N/A</u>
Contractor: <u>South Shore Sand &amp; Gravel, Inc.</u>	Contractor Phone: <u>715-372-4522</u>	Plumber: <u>N/A</u> Plumber Phone: <u>N/A</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>N/A</u>	Agent Phone: <u>N/A</u>	Agent Mailing Address (include City/State/Zip): <u>N/A</u>
PROJECT LOCATION	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	Tax ID# (4-5 digits): <u>4225</u>
Section <u>8</u> , Township <u>44</u> N, Range <u>9</u> W	Gov't Lot <u>1/4</u>	Lot(s) <u>1/4</u>
CSM <u>1/4</u>	Vol & Page <u>1/4</u>	Lot(s) No. <u>1/4</u>
Block(s) No. <u>1/4</u>	Subdivision: <u>Sunset Lodge subdivision Unit 3</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>V. 1145</u> R. <u>P582</u>
Distance Structure is from Shoreline: <u>42</u> feet	Distance Structure is from Shoreline: <u>317</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes - continue <input type="checkbox"/> No - continue	Distance Structure is from Shoreline: <u>42</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	---	---

Value at Time of Completion * include donated time & material <u>\$10,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( <input type="checkbox"/> )	
<input type="checkbox"/> Recd for Issuance	Addition/Alteration (specify)	( <input type="checkbox"/> )	
<input type="checkbox"/> AUG 22 2017	Accessory Building Addition/Alteration (specify)	( <input type="checkbox"/> )	
<input type="checkbox"/> Secretarial Staff	Shoreland grading	( <input type="checkbox"/> )	
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain) <u>demolition of existing structure + future relocation of impervious surface</u>	( <input type="checkbox"/> )	
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	( <input type="checkbox"/> )	
<input type="checkbox"/> Other: (explain)	Other: (explain)	( <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Diane & Martin Barnes Linda Mackley & Nancy Lueck  
(if there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 7/30/2017

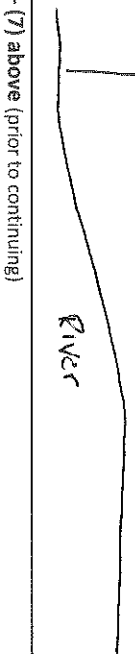
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 50465 Sunset Resort Rd. Barnes, WI 54873

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

- OW: Draw or Sketch your Property (regardless of what you are applying for)



Changes in plans must be approved by the Planning & Zoning Dept.

- Changes in plans must be approved by the Planning & Zoning Dept.**

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

marked by a licensed surveyor at the owner's expense.

- NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

© October 2016

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0333** Issued To: **Martin & Joanne Katzmarek**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **8** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot Block Subdivision **Sunset Condo, Unit 3** CSM#

For: **Residential Other: [ Shoreland Grading (40' x 40') = 1,600 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Must employ erosion control and best management practices to ensure silt and sediment do not enter Bony Creek.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**August 22, 2017**

Date

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received  
AUG 17 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0235
Date:	8-23-17
Amount Paid:	150 8-18-17
Refund:	

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Craig + Shelly Krueger	Mailing Address: 1519 East Co Rd B	City/State/Zip: Maplewood, MN 55109	Telephone: 651-777-6152
Address of Property: 55130 Silverwolf Drive	City/State/Zip: Burnes, WI 54873	Plumber: Plumber Phone:	Cell Phone: 651-587-9546 Shelly 651-587-4547 Craig
Contractor: Ourselves	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION 1/4, 1/4	Legal Description: (Use Tax Statement) 37550	Tax ID# (4-5 digits) 37550	Recorded Deed (ie # assigned by Register of Deeds) Document #: 780 R 9574
Section 18, Township 45 N, Range 09 W	Vol & Page 47+48	Lot(s) No. 47+48	Block(s) No.
	Town of: Burnes	Subdivision: Prairie Add. to Potawatomi's	Lot Size Acreage 1.744 1.754

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet	100 + feet	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 10,000	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 20	Width: 12	Height: 14
Proposed Construction:	Length: 16	Width: 12	Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	Principal Structure (first structure on property)	( )	( )
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with a Porch	Principal Structure (first structure on property)	( )	( )
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with a Deck	Principal Structure (first structure on property)	( )	( )
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with (2 <sup>nd</sup> ) Deck	Principal Structure (first structure on property)	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/> Municipal Use Need for Issuance	Add to 12x20 shed	( 12 x 16 )	192
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	( )	( )
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	( )	( )
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	( )	( )
<input type="checkbox"/> Other: (explain)	Other: (explain)	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shelly Krueger Craig Krueger  
(If there are Multiple Owners listed on the deed All Owners must sign or letters of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date 8/16/17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 1519 East Co Rd B Maplewood, MN 55109  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

or Sketch your Property (regardless of what you are applying for)

**Show Location of:**

### Proposed Construction

Show / Indicate:

North (N) on Plot Plan

(3) Show Location of  $(*)$ :

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(4) Show:

### All Existing Structures on your Property

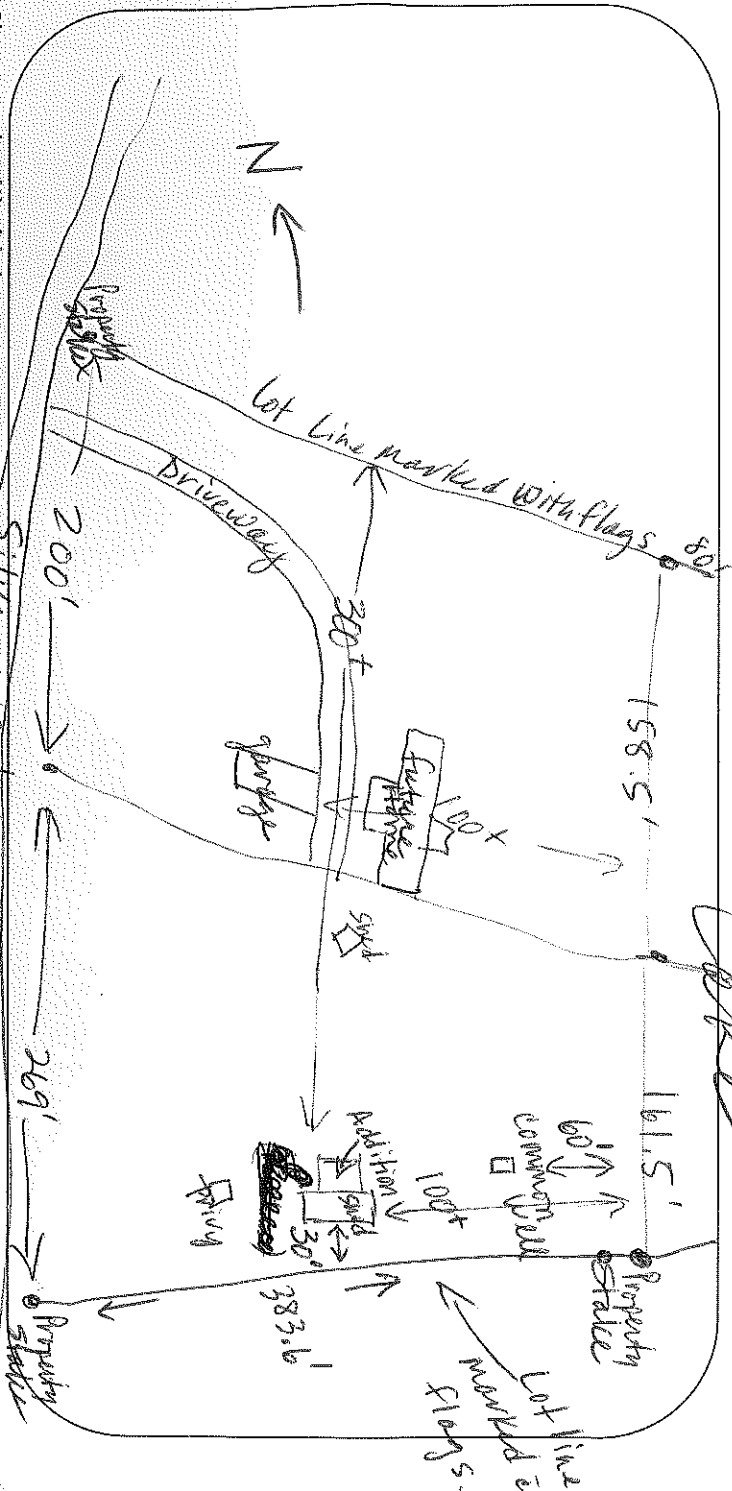
(5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(6) Show any (\*)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*):

 $(*)$  Wetlands; or  $(*)$  Slopes over 20%

Please complete (1) - (7) above (prior to continuing) silver wolf drive

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 <sup>+</sup> Feet	Setback from the Lake (ordinary high-water mark)	100 <sup>+</sup> Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	300 <sup>+</sup> Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 <sup>+</sup> Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	50 Feet
Setback to Drain Field	Feet	Setpoint Common Well	
Setback to Privy (Portable, Composting)	Feet		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from

marked by a licensed surveyor at the owner's expense, one previously surveyed corner to the other previously surveyed corner, or verifiable by the use of a corrected compass from a known corner within 50 feet of the proposed site of the structure, or must be

marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0335	Permit Date: 8-23-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:			Zoning District (R-1) Lakes Classification (3)	
Date of Inspection:	Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If <u>No</u> they need to be attached.) A UDC permit from the locally contracted UDC Inspector must be obtained. No pressurized HD shall enter the building unless approved connection to PDWTS. Signature of Inspector: [Signature]				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____
Date of Approval: 8/31/17				

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal  
Permits May Also Be Required  
After - the - Fact  
LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

No. **17-0335** Issued To: **Craig & Shelly Krueger**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **47 & 48** Block Subdivision **Pawnee Add to Potawatomi** CSM#

For: **Residential Accessory Structure Addition / Alteration: [ 1- Story; Addition to Shed (12' x 16') = 192 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspector must be obtained. No pressurized water shall enter the building unless approved connection to POWTS.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**August 23, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

AUG 15 2017

Bayfield Co. Zoning Dept.



Permit #:	17-0337
Date:	8-24-17
Amount Paid:	\$75 8-16-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Dick, Cindy Heintz</u>	Mailing Address: <u>1612 Birdken Rd</u>	City/State/Zip: <u>Barnev WI 54873</u>	Telephone: <u>715 828 0739</u>
Address of Property: <u>1520 Jim Miller Rd</u>	City/State/Zip: <u>Barnev WI 54873</u>	Cell Phone: <u></u>	
Contractor: <u>Abenbauer Construction</u>	Contractor Phone: <u>715-745-2220</u>	Plumber: <u>N/A</u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jeremy Briscoe</u>	Agent Phone: <u>715 745-2220</u>	Agent Mailing Address (include City/State/Zip): <u>52230 Mead Rd Barnev WI 54873</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NW 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) <u>3330</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u></u> R. <u></u>
Section <u>18</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnev</u>	Subdivision: <u>Acorn Acres</u>	Lot Size <u></u> Acreage <u>2.3</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>88'</u> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: <u></u> feet Distance Structure is from Shoreline: <u></u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$49,600</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u></u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( <u></u> X <u></u> )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	with a Porch	( <u></u> X <u></u> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>	with a Deck	( <u></u> X <u></u> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>	with Attached Garage	( <u></u> X <u></u> )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	Mobile Home (manufactured date) <u></u>	( <u></u> X <u></u> )	
<input type="checkbox"/> Addition/Alteration (specify) <u></u>	<input type="checkbox"/>	Accessory Building (specify) <u>Garage with storage above</u>	( <u>38</u> X <u>32</u> )	<u>876 896</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u></u>	( <u></u> X <u></u> )	
<input type="checkbox"/> Special Use: (explain) <u></u>	<input type="checkbox"/>	Conditional Use: (explain) <u></u>	( <u></u> X <u></u> )	
<input type="checkbox"/> Other: (explain) <u></u>	<input type="checkbox"/>		( <u></u> X <u></u> )	

Rec'd for Issuance  
AUG 24 2017

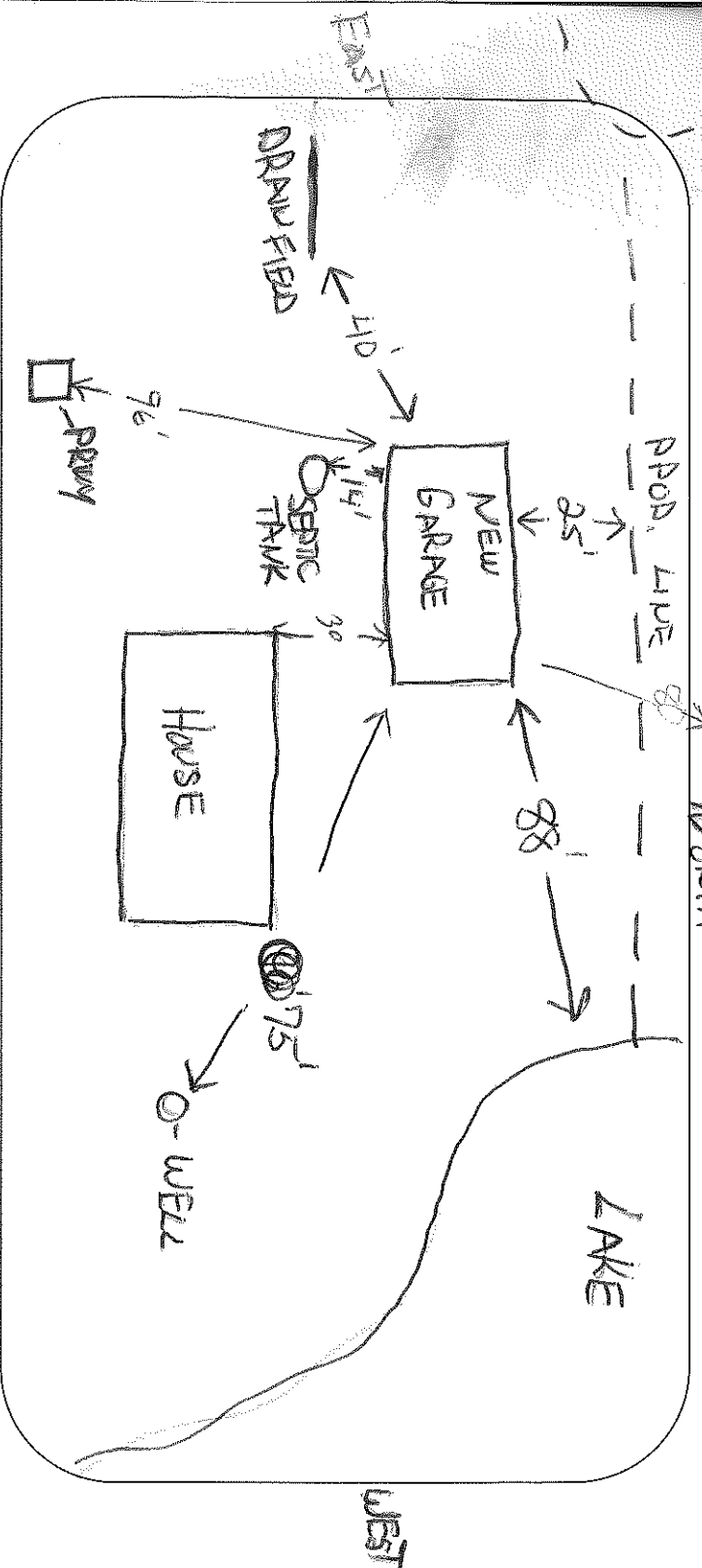
Secretarial Staff

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  Date 8/15/17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent:  Date 8/15/17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 52230 Mead Rd Barnev WI Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- (4) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*\*) Driveway and (\*\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*\*) Well (W); (\*\*) Septic Tank (ST); (\*\*) Drain Field (DF); (\*\*) Holding Tank (HT) and/or (\*\*) Privy (P)  
(6) Show any (\*): (\*\*) Lake; (\*\*) River; (\*\*) Stream/Creek; or (\*\*) Pond  
(7) Show any (\*): (\*\*) Wetlands; or (\*\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

SOUTH

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	< 300 Feet	Setback from the Lake (ordinary high-water mark)	88 Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	25 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	< 50 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	< 50 Feet	20% Slope Area on property	< 50 Feet
Setback from the East Lot Line	< 50 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	75 Feet
Setback to Drain Field	< 40 Feet		
Setback to Privy (Portable, Composting)	< 96 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 184120	# of bedrooms: 2	Sanitary Date: 12-3-92			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0337		Permit Date: 8-24-17					
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Inspection Record:							
Date of Inspection: 8/23/17	Inspected by: [Signature]	Zoning District (R-1)		Lakes Classification: ( )			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)		Date of Re-Inspection:					
Signature of Inspector: [Signature]		Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9/24/17			

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0337** Issued To: **Richard & Cynthia Heintz / Jeremy Driscoll, Agent**

## Part of

Location: **NW** ¼ of **SE** ¼ Section **18** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **8** Block Subdivision **Acorn Acres** CSM#

For: **Residential Accessory Structure: [ 1.5- Story; Garage with storage (28' x 32') = 896 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**August 24, 2017**

Date